



Authorization for Release of Information

I hereby authorize the use or disclosure of my individually identifiable information as described below. I understand that this authorization is voluntary and that I may revoke it at any time by written notice. Forms must be signed and submitted by mail, fax or dropped off in person.

It is the policy of Arizona Gastroenterology, Ltd., to charge for the processing of medical records. Patients: It is \$1.00 for the first 5 pages, then \$0.50 per page thereafter. Not to exceed a maximum fee of \$25.00.

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